

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER  
63-032028

FILED SEP 9 1963

## 1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

TRENTON

Length of stay in 1b

65 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

512 E. 7th

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Grundy

c. CITY

OR

TRENTON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

925 Kummer

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

NORA

Ethel

POND

4. DATE OF DEATH

Month

Day

Year

Sept

1

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/25/1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Neighborhood grocery

10b. KIND OF BUSINESS OR INDUSTRY

grocery

11. BIRTHPLACE (City and state or country)

DAVIESS Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES PAYNE

13b. MOTHER'S MAIDEN NAME

GATHERINE GROVES

14. NAME OF HUSBAND OR WIFE

JAMES M. POND (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
HAROLD POND Trenton, Mo

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour . Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

Sept 1st 1963 to Sept 1st 1963  
4:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Oliver F. Chaffey

22b. ADDRESS

Trenton, Mo

22c. DATE SIGNED

Sept 1st 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/3/1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Grove Cemetery

23d. LOCATION (City, town, or county)

Trenton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Gordon Blackmore Trenton, Mo

25. DATE RECD. BY LOCAL REG.

9-3-63

26. REGISTRAR'S SIGNATURE

Frene Jain

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0405

2 0405

3 2

4 1

5 2

6

7 0

8 0

9 420.1

10

11

12 90-0

13 60

Dr. Duffy

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jordan Blackman

Licensed Embalmer No. 4602

P. O. Address Tredon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.